

MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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*****ADVISORY – Important Information*****

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TO: All HAN Recipients

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SUBJECT: Influenza Update

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Maine Center for Disease Control and Prevention (Maine CDC)

Influenza Update - January 17, 2013

Summary: Influenza activity in Maine remains widespread. All three strains of influenza are circulating, with influenza A/H3 as the predominant strain. Influenza activity is significantly higher than the 2011-2012 season with Maine CDC following up on 125 outbreaks as of Thursday January 17th. Many Maine residents are presenting to health care facilities for care, and influenza-related hospitalizations are still high. One pediatric death attributed to influenza was reported to Maine CDC in December. Vaccine is the best way to prevent disease, but early treatment with antiviral drugs can help reduce the severity of illness.

Updated information:

- **Reasons to see a provider**
 - Most people with the flu have mild illness and do not need medical care or antiviral drugs. However, individuals at high risk of developing complications should contact their provider.
 - Individuals with these warning signs should seek health care:
 - Dehydration
 - Trouble breathing
 - Getting better, then suddenly getting a lot worse
 - Any major change in condition
- **Vaccine information**
 - Vaccine is still available statewide both through the Maine Immunization Program (MIP), private providers, and pharmacies.
 - Providers who are interested in ordering vaccine from the state need to become ImmPact providers. For more information please contact MIP at 800-867-4775 or through immunizeme@maine.gov.
 - An early estimate of seasonal influenza vaccine effectiveness is 62% which is consistent with previous year's vaccine efficacy. Vaccination is still the best tool to prevent influenza infection. For more information see www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0111a1.htm?s_cid=mm62e0111a1_w.
- **Tamiflu shortages**
 - There are some shortages of pediatric suspension. FDA's website has instructions on how to mix the suspension using 75 mg capsules at www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm183878.htm
 - Facilities experiencing a Tamiflu shortage should report this to the Northern New England Poison Center at 1-800-222-1222.
- **MaineCare providers**
 - Due to the increased outbreak of influenza and the importance of early initiation of Tamiflu therapy, MaineCare is temporarily suspending the requirement for the necessity of a positive influenza test in either the member or family member prior to dispensing Tamiflu. MaineCare has also lifted the requirement for prior authorization for Tamiflu prescriptions.

Recommendations:

- **Prevention:** Maine CDC recommends following the "No Flu 4 You" guidelines which include:
 - **Wash your hands:** Both the general public and healthcare providers should remember to wash their hands frequently to prevent transmission of influenza
 - **Cover your cough:** Use tissues, or cough into your sleeve
 - **Stay home when you are sick:** Symptomatic individuals should remain home while sick. Maine CDC recommends staying home until 24 hours after fever resolves without the use of medications.

- **Get Vaccinated:** Maine CDC recommends vaccination for everyone aged 6 months and older, especially for those people who are at high risk of serious complications from influenza.
- **Diagnostic Testing:**
 - Testing is **not necessary** for most influenza cases at this point in the season
 - Providers should treat individuals with clinically compatible symptoms as if they have influenza
 - Influenza testing is recommended for individuals with clinically compatible illness who:
 - Are hospitalized
 - Have died
 - A diagnosis of influenza would affect clinical care, infection control, or management of contacts.
 - PCR confirmation at the state lab is **not required** or recommended except for:
 - inpatients with a clinically compatible illness who tested negative by rapid antigen tests
 - individuals with co-infection on rapid positive tests (positive for both A and B)
 - individuals associated with outbreaks
- **Treatment:** Tamiflu and Relenza are both approved antivirals for influenza.
 - Antiviral treatment is recommended **as early as possible** for any patient with confirmed or suspected influenza who:
 - Is hospitalized
 - Has severe, complicated, or progressive illness
 - Is at higher risk for influenza complication
 - Treatment may be considered for any individuals with confirmed or suspected influenza
 - Antiviral treatment is recommended for 5 days
- **Prophylaxis** may be recommended for:
 - Contacts of a patient with laboratory confirmed influenza who are at high risk of developing complications
 - Prophylaxis is recommended for 10 days
 - Residents of a nursing home or other congregate setting where there is a laboratory confirmed case of influenza or an increase in influenza-like illness among residents
 - Prophylaxis recommendations vary by setting, consult current guidelines
 - Updated guidance for use of Antivirals for the Treatment and Chemoprophylaxis of Influenza are available at www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm
- **Reporting:** All influenza outbreaks and pediatric influenza deaths are reportable conditions to Maine CDC. Maine CDC also requests reports of:
 - **any** laboratory confirmed influenza among hospitalized persons
 - **any** suspicion of influenza among persons who have died
 - **any** laboratory confirmed influenza associated with an outbreak

Reports can be provided to Maine CDC by fax at 207-287-8186 or by phone at 1-800-821-5821. Provider reporting is an essential component of influenza surveillance which is necessary to monitor the magnitude and severity of influenza in the state. Weekly influenza surveillance reports are available at: www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/influenza-surveillance-weekly-updates.shtml.